Jennifer J. Hume, M.Ed., LMHC, CCADC
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Fees for Services Credit Card Agreement

I,_____, hereby enter into a contract for the professional time and services of Jennifer Hume, LMHC, when I set an appointment at B.E.A.C.H. Counseling, LLC. I understand that by entering this contract for Ms. Hume's professional time I am specifically contracting for her services to prepare for my session in advance.

I recognize that professional services are not only provided during my appointment time but also during the 24 hours prior to and following my appointment time. I understand that these services involve preparation for my scheduled session, case review, consultations with other professionals, as agreed in writing by me to assist with my treatment, and documenting sessions (or the circumstances of cancelled sessions), afterward.

I understand that Jennifer Hume's cancellation policy requires a full 24 hours advance notice in order to be released from the contract for her time and services of preparation for my session.

I agree that if I fail to cancel my appointment within the 24 hour minimum time period prior to my session I will be charged a fee of $90.00 for the appointment.

I hereby authorize B.E.A.C.H. Counseling, LLC and Jennifer Hume, LMHC to charge my credit card if I fail to observe this cancellation policy, as I understand I am paying for preparation for services rendered and contracted time when I set the appointment. I also understand if there is an emergency situation that prohibits me from canceling within 24 hours I can discuss this with Jennifer Hume, LMHC directly and request a waiver of this policy, but I understand that Jennifer Hume, LMHC is not bound to grant that waiver and may by this contract proceed with charging my credit card as agreed herein.

Visa   Master Card   Discover   American Express   (circle one)

Card Number: _____   Expiration Date: _____

CV Code: _____   Billing Zip Code: _____

_____   _____
Signature of Client   Date